



CITY OF HOUSTON

Municipal Courts Department

NOTICE OF APPEAL



Name : _____ Date of Birth: _____

Address : _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Wk Phone: _____ Cell Phone: _____

Case # (s):

Case # (s):

Attorney's Name: _____

Attorney's Address: _____

Attorney's Phone Number: _____

FILED BY CHIEF CLERK

SAHIRA J. ABDOOL

Received By: _____

Date Received: _____